

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 1452

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1452		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE Tennessee b. COUNTY Madison				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson				
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital				d. STREET ADDRESS (If rural, give location) 116 Rosedale				
3. NAME OF DECEASED (Type or Print) ALBERT GALLATIN DANCY			4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 26, 1889		
9. AGE (In years last birthday) 59		10. MONTHS 2		11. DAYS 19		12. IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trainmaster				10b. KIND OF BUSINESS OR INDUSTRY G. M. & O. R. R. Co. Egypt, Mississippi				
13a. FATHER'S NAME Albert G. Dancy		13b. MOTHER'S MAIDEN NAME India Gillespi		14. NAME OF HUSBAND OR WIFE Mabel Duck				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 1		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mabel Dancy ADDRESS 116 Rosedale, Jackson, Tenn.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell Carcinoma of Larynx metastasizing to the brain ANTECEDENT CAUSES 2 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio Vascular disease DUE TO (c) Secondary Neoplasm of Mediastinum II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Laryngectomy July 1948					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) Jackson (COUNTY) Madison (STATE) Tenn.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 1948 to 1949 , that I last saw the deceased alive on 3/27/48 , and that death occurred at 3/27/49 , from the causes and on the date stated above.								
23a. SIGNATURE Blond & Hosts M.D. (Degree or title)		23b. ADDRESS Missouri Pacific Hosp		23c. DATE SIGNED 2/15/49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/15/49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Jackson, Tenn. 6633 Clayton Rd.		
DATE FILED BY LOCAL REG. FEB 15 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Robt J. Ambrosini ADDRESS 6633 Clayton Rd.				

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 1994

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.